

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1			51		51		51	
2								52		52		52	
3								53		53		53	
4								54		54		54	
5								55		55		55	
6								56		56		56	
7								57		57		57	
8								58		58		58	
9								59		59		59	
10								60		60		60	
11								61		61		61	
12								62		62		62	
13								63		63		63	
14								64		64		64	
15			1					65		65		65	
16			1					66		66		66	
17			1					67		67		67	
18			1					68		68		68	
19			1					69		69		69	
20			1					70		70		70	
21			1					71		71		71	
22			1					72		72		72	
23			1					73		73		73	
24			1					74		74		74	
25			1					75		75		75	
26			1					76		76		76	
27			1					77		77		77	
28			1					78		78		78	
29			1					79		79		79	
30			1					80		80		80	
31			1					81		81		81	
32			1					82		82		82	
33			1					83		83		83	
34			1					84		84		84	
35			1					85		85		85	
36			1					86		86		86	
37			1					87		87		87	
38			1					88		88		88	
39			1					89		89		89	
40			1					90		90		90	
41			1					91		91		91	
42			1					92		92		92	
43			1					93		93		93	
44			1					94		94		94	
45			1					95		95		95	
46			1					96		96		96	
47			1					97		97		97	
48			1					98		98		98	
49			1					99		99		99	
50			1					100		100		100	
TOTAL IND.			5					TOTAL IND.					
TOTAL DEP.			10					TOTAL DEP.					
TOTAL CLAIMS			15					TOTAL CLAIMS					